

**Recipient Committee  
Campaign Statement  
Cover Page**  
(Government Code Sections 84200-84216.5)

COVER PAGE

**CALIFORNIA  
FORM  
460**

Date Stamp

Statement covers period

from 10/23/2016

through 12/31/2016

Date of election if applicable:  
(Month, Day, Year)

11/08/2016

Page 1 of 8

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee       Primarily Formed Ballot Measure Committee  
 State Candidate Election Committee       Controlled  
 Recall       Sponsored  
(Also Complete Part 5)  
 General Purpose Committee       Primarily Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7)  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee

**3. Committee Information**

I.D. NUMBER

1342332

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Patino for Mayor 2016

STREET ADDRESS (NO P.O. BOX)

2624 Airpark Drive

CITY

Santa Maria

STATE

CA

ZIP CODE

93455

AREA CODE/PHONE

(805) 934-5737

MAILING ADDRESS

2624 Air Park Dr.

CITY

Santa Maria

STATE

CA

ZIP CODE

93455

AREA CODE/PHONE

(805) 934-5737

NAME OF ASSISTANT TREASURER, IF ANY

Trent Benedetti

MAILING ADDRESS

2151 S. College Dr., Ste. 101

CITY

Santa Maria

STATE

CA

ZIP CODE

93455

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

tom@martinezassoc.net

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-26-2017

Date

By \_\_\_\_\_

*Trent Bendt*

Signature of Treasurer or Assistant Treasurer

Executed on \_\_\_\_\_

Date

By \_\_\_\_\_

*Eric Martinez*

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_

Date

By \_\_\_\_\_

*Tom Bendt*

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_

Date

By \_\_\_\_\_

*Eric Martinez*

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

COVER PAGE - PART 2

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE		
Alice Patino Mayor	BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
2624 Airpark Drive	Santa Maria	CA	93455

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	STATE	ZIP CODE	AREA CODE/PHONE	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	STATE	ZIP CODE	AREA CODE/PHONE	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

## Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

### SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Patino for Mayor 2016

<b>STATEMENT COVERS PERIOD</b>	
<b>FROM</b>	<b>TO 10/23/2016</b>
<b>THROUGH</b>	
<b>12/31/2016</b>	
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<b>CALIFORNIA FORM 460</b>	
<b>I.D. NUMBER</b>	
1342332	

### Contributions Received

#### Column A

TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

1. Monetary Contributions .....	Schedule A, Line 3	\$ 5,900.00	\$ 28,319.00
2. Loans Received .....	Schedule B, Line 3	\$ 0.00	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ 5,900.00	\$ 28,319.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ 5,900.00	\$ 28,319.00

### Expenditures Made

#### Column B

CALENDARYEAR  
TOTAL TO DATE

6. Payments Made .....	Schedule E, Line 4	\$ 2,354.28	\$ 20,820.20
7. Loans Made .....	Schedule H, Line 3	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ 2,354.28	\$ 20,820.20
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ 2,354.28	\$ 20,820.20

### Current Cash Statement

#### Column A

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ 4,800.64	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	Schedule A, Line 3 above	\$ 5,900.00	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$ 0.00	
15. Cash Payments .....	Schedule A, Line 8 above	\$ 2,354.28	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 8,346.36	

If this is a termination statement, Line 16 must be zero.

### Cash Equivalents and Outstanding Debts

#### Column B

#### Part 2

0.00

18. Cash Equivalents .....

0.00

19. Outstanding Debts .....

0.00

## Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

<b>CALIFORNIA FORM</b>	
<b>460</b>	
<b>Statement covers period</b>	
from <u>10/23/2016</u>	through <u>12/31/2016</u>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Patino for Mayor 2016

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2016	Home Builders Association of the Central Coast PAC (ID# 1279679) 246 Higuera St. P.O. BOX 748 San Luis Obispo, CA 93406	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	G2016 \$300.00
10/24/2016	Chezyl Maddux 1727 Cambridge Way Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restaurateur McMognil, Inc.	2,000.00	2,000.00	G2016 \$2,000.00
10/28/2016	Mary Johnson 805 Beth Ct Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	G2016 \$100.00
10/28/2016	Viki Murray 312 E. Las Flores Way Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Rancho Bowl	500.00	500.00	G2016 \$500.00
10/28/2016	Randy Sharer 777 Foxen Canyon Rd Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer Sharer Bros Farming	500.00	500.00	G2016 \$500.00
<b>SUBTOTAL \$</b>						<b>3,400.00</b>

### Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ 5,750.00
- Amount received this period – unitemized monetary contributions of less than \$100 .....\$ 150.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....**TOTAL \$ 5,900.00**

\*Contributor Codes

IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
 to whole dollars.

<b>CALIFORNIA FORM</b>	
<b>460</b>	
<b>Statement covers period</b>	
from <u>10/23/2016</u>	through <u>12/31/2016</u>
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<b>I.D. NUMBER</b>	
<u>1342332</u>	

NAME OF FILER											
Patino for Mayor 2016											
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)					
11/04/2016	Joseph Doud 1284 West Main Street Santa Maria, CA 93458	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Pacific Coast Produce	700.00	700.00	G2016 \$700.00					
11/04/2016	Mark Smith 1284 West Main Street Santa Maria, CA 93458	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Comptroller Pacific Coast Produce	150.00	150.00	G2016 \$150.00					
11/17/2016	Betteravia Farms LLC 1850 W Stowell Rd Santa Maria, CA 93458	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2016 \$500.00					
12/19/2016	The Towbes Group 21 E. Victoria Street #200 P.O. BOX 20130 Santa Barbara, CA 93120	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	G2016 \$1,000.00					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
						<b>SUBTOTAL \$</b>		<b>2,350.00</b>			

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
 (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

## Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

### SEE INSTRUCTIONS ON REVERSE

### NAME OF FILER

Fatino for Mayor 2016

<b>CALIFORNIA FORM</b>	
<b>Statement covers period</b>	<b>from</b> <u>10/23/2016</u>
	<b>through</b> <u>12/31/2016</u>
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	<b>I.D. NUMBER</b>
	<u>1342332</u>

### CODES:

If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (If committee, also enter I.D. number)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Desiree Menchaca 3100 Stocker St #6 Los Angeles, CA 90008	SAL			48.00
Teresa Menchaca 429 El Cerrito Dr. Santa Maria, CA 93455	TRS		reimburse expense	82.22
Morrison Media Services 4405 Kapalua Drive PO Box 5186 Santa Maria, CA 93455	TEL			275.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 2,071.02
2. Unitemized payments made this period of under \$100 . \$ 283.26
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 2,354.28**

**Schedule E  
(Continuation Sheet)  
Payments Made**

**Amounts may be rounded to whole dollars.**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

**CALIFORNIA FORM 460**

Statement covers period

from 10/23/2016

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Patino for Mayor 2016

through 12/31/2016

I.D. NUMBER  
1342332

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
C/C	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE  
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Desiree Menchaca 3100 Stocker St #6 Los Angeles, CA 90008	SAL			192.00
Desiree Menchaca 3100 Stocker St #6 Los Angeles, CA 90008	TRS		reimburse travel expenses	86.94
Joshua Menchaca 429 El Cerrito Drive Santa Maria, CA 93455	SAL			132.00
Joshua Menchaca 429 El Cerrito Drive Santa Maria, CA 93455	TRS		reimburse travel expense	95.05
Teresa Menchaca 429 El Cerrito Dr. Santa Maria, CA 93455	TRS		reimburse expenses	219.67

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$**

725.67

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule E  
(Continuation Sheet)  
Payments Made**

**Amounts may be rounded to whole dollars.**

**SCHEDULE (CONT.)**  
**CALIFORNIA FORM 460**

SEE INSTRUCTIONS ON REVERSE NAME OF FILER		I.D. NUMBER																																				
Patino for Mayor 2016		1342332																																				
<p><b>CODES:</b> If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.</p> <table> <tr> <td>CMP</td> <td>campaign paraphernalia/misc.</td> <td>MBR</td> <td>member communications</td> </tr> <tr> <td>CNS</td> <td>campaign consultants</td> <td>MTG</td> <td>meetings and appearances</td> </tr> <tr> <td>CIB</td> <td>contribution (explain nonmonetary)*</td> <td>OFC</td> <td>office expenses</td> </tr> <tr> <td>CVC</td> <td>civic donations</td> <td>PET</td> <td>petition circulating</td> </tr> <tr> <td>FIL</td> <td>candidate filing/ballot fees</td> <td>PHO</td> <td>phone banks</td> </tr> <tr> <td>FND</td> <td>fundraising events</td> <td>POL</td> <td>polling and survey research</td> </tr> <tr> <td>IND</td> <td>independent expenditure supporting/opposing others (explain)*</td> <td>POS</td> <td>postage, delivery and messenger services</td> </tr> <tr> <td>LEG</td> <td>legal defense</td> <td>PRO</td> <td>professional services (legal, accounting)</td> </tr> <tr> <td>LIT</td> <td>campaign literature and mailings</td> <td>PRT</td> <td>print ads</td> </tr> </table>			CMP	campaign paraphernalia/misc.	MBR	member communications	CNS	campaign consultants	MTG	meetings and appearances	CIB	contribution (explain nonmonetary)*	OFC	office expenses	CVC	civic donations	PET	petition circulating	FIL	candidate filing/ballot fees	PHO	phone banks	FND	fundraising events	POL	polling and survey research	IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	LEG	legal defense	PRO	professional services (legal, accounting)	LIT	campaign literature and mailings	PRT	print ads
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID																																			
Benevolent & Protective Order of the Elks 1538 1309 N. Bradley Santa Maria, CA 93454	CMP	election night party	414.00																																			
John Patino 609 Mill St. Santa Maria, CA 93458	CMP	reimburse sign materials	262.9																																			
Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455	PRO		263.11																																			
			<b>SUBTOTAL \$ 940.1</b>																																			

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.